

**COUNTY OF SAN BERNARDINO
REDEVELOPMENT AGENCY**

**HOUSING ASSISTANCE
PRE-SCREENING FORM**

**CEDAR GLEN DISASTER RECOVERY
REDEVELOPMENT PROJECT AREA**

DRAFT

JUNE 2006



**EQUAL HOUSING
OPPORTUNITY**

All County of San Bernardino programs comply with Federal Fair Housing Laws



INSTRUCTION SHEET

Please read this entire packet.

This application has been developed by the County of San Bernardino Redevelopment Agency (Redevelopment Agency) to prescreen eligibility for housing assistance within the Cedar Glen Disaster Recovery Redevelopment Project Area (Project Area).

Once housing programs have been adopted by the Board of Directors of the Redevelopment Agency, additional paperwork specific to the housing program(s) that you have selected will be immediately mailed to your household pending pre-qualification. If you do not qualify, you will be notified of your status at this time.

Housing programs described within this application have been developed to aid households whose primary residence is within the Project Area. Housing programs for tenants and second homeowners will be developed after this first round of applications have been processed by the Redevelopment Agency.

DIRECTIONS

Please fill out the forms completely. Do not leave any questions blank. If a question is not applicable to your situation, please indicate that by writing N/A and attach additional sheets explaining why the question does not apply.

Forms containing blank answers may be returned to the applicant upon review by the Redevelopment Agency.

If you have any questions about this packet, please contact Redevelopment Agency staff at (909) 381-7977.

PROGRAM ELIGIBILITY

Program eligibility will be determined by the following criteria:

1. Households whose primary residence (owner-occupied) was destroyed or damaged in the Old Fire.
2. Households who meet the income criteria.
3. Households interested in rebuilding.

COMPLETED APPLICATIONS SHOULD BE MAILED OR FAXED TO:

**County of San Bernardino Redevelopment Agency
c/o Cedar Glen Housing Programs
215 North 'D' St., Ste. 202
San Bernardino, CA 92415-0121
FAX: (909) 381-7917**

PRE-SCREENING APPLICATION FORM

BASIC INFORMATION		OFFICE USE ONLY	
(1) Head of Household/Applicant: _____			
(2) Physical Address: _____ _____ _____ City State Zip Code		Home Phone: _____ Mobile Phone: _____ Email: _____	
Mailing Address: _____ _____ _____ City State Zip Code			
OFFICE USE ONLY	(4) Applicant's Assessor Parcel Number(s) ____ _ - ____ - ____ - ____ ____ _ - ____ - ____ - ____ ____ _ - ____ - ____ - ____ ____ _ - ____ - ____ - ____ ____ _ - ____ - ____ - ____ (attach additional pages if necessary)		OFFICE USE ONLY
(5) Do you understand that you must have proof of insurance/coverage for your property before the Redevelopment Agency will award you housing assistance? []-Yes []-No			
(6) Is your primary residence located within the Cedar Glen Disaster Recovery Redevelopment Project Area? []-Yes []-No (See map)			
(7) Are you an owner-occupant of the property? []-Yes []-No			
(8) Total number of persons in household: _____			
(9) Names of other persons listed on property title(s): _____ _____ _____ _____ _____			
(10) Is your property currently for sale? []-Yes []-No			
(11) Do you plan to sell your property within the next year? []-Yes []-No			



<p>PLEASE FILL OUT THE FOLLOWING:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>GROSS INCOME</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>MONTHLY</u></th> </tr> </thead> <tbody> <tr><td>Salary (Head of Household)</td><td>_____</td></tr> <tr><td>Salary (Spouse)</td><td>_____</td></tr> <tr><td>Salary (Other)</td><td>_____</td></tr> <tr><td>Rental Income</td><td>_____</td></tr> <tr><td>Salary (Other)</td><td>_____</td></tr> <tr><td>Notes held on other property</td><td>_____</td></tr> <tr><td>Interest, Securities</td><td>_____</td></tr> <tr><td>Grant Income:</td><td></td></tr> <tr><td> Social Security</td><td>_____</td></tr> <tr><td> Veteran's Pension</td><td>_____</td></tr> <tr><td> Disability</td><td>_____</td></tr> <tr><td> Unemployment</td><td>_____</td></tr> <tr><td> Retirement</td><td>_____</td></tr> <tr><td> Child Support</td><td>_____</td></tr> <tr><td>(12) TOTAL MONTHLY INCOME (TMI)</td><td>_____</td></tr> <tr><td>(13) MULTIPLY TMI BY 12 FOR ANNUAL GROSS INCOME</td><td>_____</td></tr> </tbody> </table>	<u>GROSS INCOME</u>	<u>MONTHLY</u>	Salary (Head of Household)	_____	Salary (Spouse)	_____	Salary (Other)	_____	Rental Income	_____	Salary (Other)	_____	Notes held on other property	_____	Interest, Securities	_____	Grant Income:		Social Security	_____	Veteran's Pension	_____	Disability	_____	Unemployment	_____	Retirement	_____	Child Support	_____	(12) TOTAL MONTHLY INCOME (TMI)	_____	(13) MULTIPLY TMI BY 12 FOR ANNUAL GROSS INCOME	_____	<p>OFFICE USE ONLY</p>
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<p>When the following housing programs are approved by the Board of Directors of the County of San Bernardino Redevelopment Agency, and pending the approval of your pre-screening form, you will be mailed additional information and forms.</p> <p>We will mail you forms specific to the housing assistance programs for which you are eligible.</p> <p>Land Use – This program will aid applicants who desire to reduce their rebuilding costs by awarding grants and loans to assist in document preparation costs, fee waivers, fire/safety mitigation, and other miscellaneous costs.</p> <p>Single Family Rehabilitation – This loan program will aid applicants rehabilitate hazardous and/or deteriorating residential dwellings.</p>																																			



ADDITIONAL INFORMATION

Please note that the housing programs listed above have not yet been approved by the Board of Directors of the County of San Bernardino Redevelopment Agency. You will be contacted by staff pending approval of the programs and the review of this form by the Redevelopment Agency.

- Please note that information provided herein shall be kept confidential and shall be used for the sole purpose of determining eligibility for Redevelopment Agency housing programs.
- The Redevelopment Agency cannot process incomplete applications. Therefore, missing information may delay submission of the application.
- Submittal of this form does not guarantee that your household will receive housing assistance.

AUTHORIZATION

To the best of my knowledge, the above information is correct and accurate. We understand that all information will be kept strictly confidential.

Applicant's Signature

Date